



Fire Department

8401 E. Indian School Road
Scottsdale, AZ 85251

PHONE 480-312-8000
FAX 480-312-9009
WEB www.ScottsdaleFD.com

PUBLIC RECORDS REQUEST INFORMATION AND INSTRUCTION SHEET

Instructions:

1. Complete this form, providing as much information as possible. Listed below are specific instructions that need to be followed when submitting a records request:
 - If the records request is a fire service activity history search no range of addresses will be accepted. Each address being requested must be listed separately on the form.
 - The release of medical records is governed by the Health Insurance Portability and Accountability Act (HIPAA). In order to fill a records request for Emergency Medical Services (EMS) information, one or more of the following criteria must be met:
 - The patient is 18 years of age or older with one of the following:
 - Requestor is the patient and has an original or a copy of a photo ID.
 - Requestor has notarized authorization and a copy of a photo ID from the patient.
 - Requestor has a notarized power of attorney for the patient.
 - If the patient is under 18 years of age, one of the following is required:
 - Requestor has an original or notarized copy of the patient's birth certificate.
 - Requestor has an original or notarized copy showing Court appointed guardianship of the patient.
 - Requestor has an original or notarized copy of the patient's birth certificate or Court appointed guardianship papers and a notarized letter stating that the parents or guardian allow the requestor to have the information.
2. Submit the records request form with payment to:
 - City of Scottsdale Fire Department
Attn: Records Custodian
8401 E Indian School Road
Scottsdale, Arizona 85251
 - Payment must accompany this request or it will be returned.
3. Record requests will be accepted from walk-ins but will not be available at that time.

Cost:

Operations Incident Report: 5 pages or less - \$10.00
Operations Incident Report-more than 5 pages - \$15.00
EMS Encounter Report - \$10.00
Fire Scene Investigation Report: 5 pages or less - \$10.00
Fire Scene Investigation Report: more than 5 pages \$15.00
Fire Scene Photos on CD - \$15.00
Fire Service Activity History Search - \$5.00 (per location)



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**CITY OF SCOTTSDALE FIRE DEPARTMENT
PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM**

Please complete the following information:

- ____ Emergency Medical Services (EMS) patient encounter form
____ Operations report-EMS
____ Fire Investigation
____ Operations report-Fire

Date of incident: _____ Time of incident (if known): _____

Address of incident: _____

Incident # (if known): _____

EMS Only: Patient
Name (first and last): _____

____ Fire Service Activity History search

Address(es): _____

Requesting party information(please print):

Mailing address if different (please print):

Name first and last

Name first and last

Street Address

Street Address

City State Zip

City State Zip

Work phone Home phone

I hereby certify that the requested records will not be used for commercial purposes.

Signature

Date

Received By: _____
Date: _____

Processed By: _____
Date: _____

Cash ____ Check ____ Check# _____ Mailed By: _____ Date: _____